

PLACE OF BIRTH¹County of Pinal

District of _____

Town of Payson

or _____

City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 199

County Registrar No. _____

Local Registrar No. _____

2. Full name of child Melvin Buford Hunt No. _____ of birth occurred in a hospital or institution, give its NAME instead of street and number) St. _____ Ward _____1. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth Aug. 29 27 (If child is not yet named, make supplemental report, as directed.)5. No. in order of birth 1 6. Legitimate? Yes 7. Date of birth Aug. 29 27FATHER Full name Buford Hunt 14. MOTHER Full maiden name Myrtle HaughtResidence (Usual place of abode) Payson Ariz 15. Residence (Usual place of abode) Payson Ariz
If non-resident, give place and state. If non-resident, give place and state.10. Color or race White 11. Age at last birthday 27 (Years) 16. Color or race White 17. Age at last birthday 19 (Years)12. Birthplace (city or place) Alabama (State or country) 18. Birthplace (city or place) Ariz (State or country)13. Occupation Farmer 19. Occupation Housewife
Nature of Industry Nature of Industry20. Number of children of this mother (a) Born alive and now living 1 21. Were precautions taken against ophthalmia neonatorum? Yes
(b) Born alive but now dead 0
(c) Stillborn 0
taken as of time of birth of child herein certified and including this child.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:00 p.m. on the date above stated
(Born alive or stillborn.)* When there was no attending physician or midwife, then the father, householder, etc., should make this return: A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. H. Pinner (Physician or midwife).
Address Payson ArizGiven name added from supplemental report. Filed _____, 19____
Month, day, year

Registrar

Filed _____, 19____

Local Registrar.

County Registrar.

483-829-483